

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17207

FILED MAY 23 1944

State File No.

2033

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 5608 Charlotte  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether)  
In this community 22 Years (years, months or days)

3. (a) PRINT FULL NAME Mrs. Catherine A. SWEETIN.

3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry M. Sweetin 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased December 24th, 1882  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 13 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Carnelius B. Scannell  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Celestine Spencer  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry M. Sweetin  
(b) Address 5608 Charlotte

17. (a) Burial (b) Date thereof 5/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 5-9-44 (b) N.E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5608 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9-23 to May 7, 1944  
that I last saw her alive on May 7, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
Mediastinal pneumonia  
Pericarditis  
Due to left side  
+ Old myocarditis

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence ✓  
(c) Where did injury occur? ✓  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature N.E. Brown (M. D. or other)  
Address 1023 Chap Blvd Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. E.L. Mathias  
Sharp Bldg.  
18 East 11st.

V15849

1-PM 1003

JUN 27 1952

JUL 21 1952

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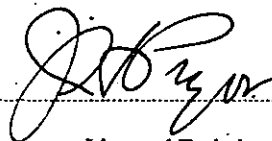
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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. ....

2999

P. O. Address.....

KC

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**